



FY 03 Annual Report

October 1, 2002-September 31, 2003

Grant #: FAO-A00-98-000-30-00

Child Survival Collaborations and Resources Group

CORE Group
Child Survival Collaborations and Resources Group
Grant FAO-A-00-98-00030-00
2003 Annual Highlights: October 1, 2002 – September 30, 2003

CORE, Inc. (CORE Group) entered FY03 with a very ambitious work plan and its largest portfolio of activities in its history. In October 2002, after the CORE Group set up financial and control systems and received a USAID pre-approval audit, World Vision sub-granted the Grant 30 Modification 5 funds (minus the WV NICRA of 20%) directly to CORE Inc. Successful quarterly financial reviews provided an independent level of financial control and culminated in an A-133 audit that will be finalized in early November of 2003. Member-led working groups continued to set the direction and provided leadership for CORE project activities. A two-day strategic planning meeting was held in December 2002 with the Board of Directors and Working Group Chairs that resulted in an articulated strategy to develop stronger collaborative activities at the country level and to develop activities to increase member documentation efforts. Both of these foci are reflected in the CORE FY04 plan. The BOD also agreed to open CORE's membership to new organizations and initiated annual membership contributions and workshop registration fees to achieve greater financial stability. At the spring members meeting, American Red Cross and Hesperian Foundation were voted in as members. Carolyn Daher was hired in February 2003 as the fifth full-time member of the CORE secretariat staff; Ed Ehrenberg replaced Warren Wright as the Financial Director in September 2003 when Warren assumed a full-time position with World Vision.

This brief narrative provides highlights of key accomplishments of the CORE Secretariat and Working Groups by each of CORE's five strategic objectives. A detailed status report on all working group activities follows this summary.

1. Community Health Program Knowledge

Orderly process is in place for converting NGO experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.

CORE successfully convened a number of US-Based, regional and country **workshops and meetings** during this period that provided state-of-the-art information, dialogue and exchanges; upgraded member and colleague agencies skills; trained trainers in new technical skills; and created new partnerships between members and colleague agencies.

Fifteen US-based meetings were held:

- Monitoring and Evaluation M&E Dialogue (3/18/03)
- ME LQAS Training (4/24/03) ADRA
- ME LQAS Training (5/8/03) AED (WV)
- ME KPC Taskforce (7/9/03)
- Nutrition PD/Hearth Technical Advisory Group Meeting (12/5/02)
- Nutrition PD/Hearth TOT (5/1-2/03) Alexandria
- Nutrition PD/Hearth TOT (8/26-28/03) Davis, CA
- SBC BEHAVE TOT (10/15-18/02)
- SBC Determinants Meeting (9/11/03)
- Tuberculosis TB Opportunities for Collaboration (2/27/03)
- CORE CORE Collaboration at the Country Level (10/29/02)
- CORE Annual Spring Meeting (4/7-10/03)
- CORE Mini-University Participation (6/2-6/03)
- CORE Fall members Meeting (9/9/03)
- CORE Documentation and Presentation Workshop (9/10/03)

Four regional meetings were held:

- IMCI C-IMCI LAC PVO Consultation Nicaragua (2/11-13/03)
- Malaria Francophone Africa Fresh-Air Workshop Mali (6/23-27/03)
- Monitoring and Evaluation Qualitative Research Methods Training Malawi (5/5-9/03) (with CSTS)
- SBC BEHAVE TOT Workshop Cambodia (2/3-7/03)

Four country meetings were held while plans were made to host several others:

- IMCI C-IMCI National Planning Consultation Ghana (1/20-24/03)
- IMCI C-IMCI National Workshop Kwazulu Natal, RSA (5/21-23/03)
- Malaria RBM and C-IMCI Integration (Uganda) (2/26/03) LC
- Malaria Mali National Malaria Meeting (Groupe Pivote / Mali) (5/20-23/03)

Several field-relevant **documents and manuals** were produced in draft or final form and disseminated via website and paper copies. These documents are based on member experiences and reflect state-of-the-art community-focused strategies for improving health practices.

- HIV/AIDS Establishing Effective VCT Services (FHI IMPACT Product)
- HIV/AIDS and SMRH Establishing PMTCT Services (FHI IMPACT Product)
- IMCI Facilitators Guide to C-IMCI Workshops (English finalized and distributed, French pending)
- Malaria Facilitator's Guide to Fresh-Air Malaria Workshops (draft distributed for field testing)
- M&E Assessing Community Health Programs – Using LQAS for Baseline Surveys and Regular Monitoring; Volume 1 - A Trainers Guide and Volume 2 – A Participant's Manual and Workbook (purchased from TALC and disseminated)
- Nutrition / IMCI PD / Hearth: A Resource Guide for Sustainably Rehabilitating Malnourished Children (English disseminated, Spanish and French in process)
- Nutrition / IMCI PVO-NGO Experiences with AIN-C in Honduras: A Participatory Study

Six field-relevant **tools** were produced that cater to technical needs of NGO practitioners and their district or local counterparts.

- Malaria Surviving Malaria Decision Guide: A Programming Tool for Promoting Case Management of Malaria in Infants and Young Children
- Nutrition / IMCI Counseling for Growth Promotion (draft)
- Nutrition / IMCI PD/Hearth TOT Curriculum (draft)
- Nutrition / IMCI PD/Hearth Consultant Guide (draft)
- SMRH Safe Motherhood / Reproductive Health Crucial Standards and Indicators Checklists (Pre-conception, Intrapartum, Antenatal Care, Postpartum, Newborn Care)
- TB Tuberculosis Technical Reference Materials

Over the year, 802 new documents were added to the CORE **website** plus 122 documents updated. The website received 23,670 page views/month (up from 15,783 page views/month for the 1st half of the year).

The **CORE Child Survival and Health Database** for PVO documents and tools was finalized in May 2003 incorporating 151 entries with 647 visits. The CORE listservs have 407 subscribers plus 304 subscribers to the new RBM listserv.

2. Organizational Collaboration

Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.

CORE's continued collaboration with partner **international and US-based agencies** enabled CORE to achieve many of its products. CSTS continued to provide a strong supportive role for all of the working group activities helping CORE to leverage best practices promoted by the CSH Grants Program to other child survival and health programs run by members. Examples of collaborations follow:

- | | |
|----------------------------------|--|
| • IMCI – BASICS, EHP | Support for C-IMCI LAC Workshop |
| • Malaria – BASICS, CSTS | Support to Tool and Workshop Development |
| • M&E – CSTS, EHP | Support to Tool Development |
| • Nutrition – FANTA | Support of PD/Hearth and Counseling |
| • SBC – CHANGE and CSTS | Support to BEHAVE Tool and Workshop Development |
| • SMRH- Advance Africa | Workshop on Birth Spacing planned for Mozambique |
| • SMRH - Catalyst | TAG Meeting planned for SMRH Indicators |
| • HIV/AIDS & d SMRH – FHI/IMPACT | Development of VCT and PMTCT Guides |
| • CORE – CSTS | Synergistic workplans |

CORE continued and started new projects to support broader field level collaboration to increase impact or scale-up maternal and child health efforts. This exciting new initiative is trying to translate CORE's networking and alliance building successes at the HQ level to member's field staff and to initiate work with other networks.

Highlights of activities with **regional and/or field-based NGOs** are provided below:

- IMCI
 - Subgrant to PROCOSI (Bolivia) ongoing to achieve consensus and increase coordinated CIMCI Activities
 - Subgrant to AFRICARE (Benin) ongoing to document their integrated C-IMCI/RBM program and increase use of key concepts and tools in a specific area
 - Subgrants to WV, CARE, SC, and ADRA to promote coordinated action in C-IMCI between USAID/W, USAID/Mission and PVOs in Nepal (in process)

- Malaria
 - Subgrant with World Vision (Zambia) to form an NGO Malaria Secretariat
 - Subgrant to CARE (Tanzania) to form an NGO Malaria Secretariat
 - Subgrant to Africare (Uganda) to form an NGO Malaria Secretariat
 - Subgrant to AMREF (Kenya) to form an NGO Malaria Secretariat
 - Support to IRC (Rwanda) to test distribution of anti-malarials by CHWs in 3 project areas (IRC, World Relief, Concern Worldwide)

3. Resources

Significant, reliable public and private resources are available for CORE members and partners to support community-based child and maternal health programs.

CORE's goal is to generate and manage **diversified funding resources** over time while ensuring that there is adequate member, participant and donor cost-sharing. An annual membership contribution of \$500/agency and workshop registration fees policy was put in place to bring in undesignated funds; FHI/IMPACT provided a subgrant of \$318,000 to WV which was then subgranted to CORE to complete a set of VCT and PMTCT guides for workers in remote areas; and several private sector companies provided donations to CORE Inc. to strengthen PVO/private sector relationships in malaria in Africa.

4. Effective Policy

Active, influential role of CORE members representing community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.

CORE members participated in over 21 **global, regional and country policy forums**, many of which are highlighted below. CORE became the Temporary NGO Liaison for the RBM Steering Committee during this period and hosted an NGO consultation in Geneva (with the IFRC) to provide a process for formalizing the role and responsibilities of the NGO sector in achieving the Abuja Declaration targets. CORE was then elected in September 2003 by a broad based worldwide NGO constituency for a two-year term as the NGO Representative to the NGO Partnership Board.

- IMCI
 - Analytic Review of IMCI – participated in evaluation
 - WHO CIMCI Briefing Packet TOT Malawi (5/5-9/03) CORE
 - WPRO CIMCI Consultations Philippines (8/25-31/03) CORE / CRS

- Malaria
 - Summit Meeting in Mombassa (10/23/02) (WV)
 - RBM 2nd Steering Committee Meeting (10/28-31/02) (CCF)
 - RBM W. Africa Subregional Meeting (Lome) (11/11-14/02) (Africare)
 - MIM Meeting (Arusha) (11/18-22/02) (WV)
 - Merlin 3rd RBM Forum London (12/16-20/02) (Concern)
 - Malaria in Complex Emergencies (IRC-NYC) (1/29/03) (WV, IRC)
 - NGO RBM Consultation and Partnership Board Mtg. (Geneva) (3/26-28/03) (CCF and CORE)
 - RBM 3rd Steering Committee Meeting (Geneva) (3/27-28/03) (CCF and CORE)
 - RBM E. Africa Subregional Meeting (Nairobi) (2/19/03) (WV)
 - RBM E. Africa Subregional meeting (Uganda) (4/28-29/03) (CORE)
 - Long Lasting ITN Technical Meeting (Uganda) (5/03) (CORE)
 - Francophone Regional Malaria Workshop (Mali) (6-23-37/03)
 - RBM Partnership Board (Harare) (9/21-22/03) (CCF, CORE)
 - 4th IMCI/Malaria Taskforce meeting (Harare) (9/23-25/03) (CORE)
- Nutrition
 - WHO TAG on Infant and Child Feeding Strategy (Geneva) (2/10-12/02) (Mercy Corps)
 - UNICEF TAG on Infant and Child Feeding Strategy (NYC) (8/03) (La Leche League)
- CORE
 - Cambodia MOH – PVO IMCI Discussion (10/23/02)
 - GAVI Steering Committee (Dakar) (11/20-22/02) (CORE Polio Eradication Project)
 - GHC Moderator (5/28-30/03)

One of CORE's objectives is to assist its members conduct **advocacy** activities about child survival to the **general public**. During this period, CORE held an Advocacy Education Meeting (3/24/03) in conjunction with the Global Health Council and USAID Staff. CORE's Executive Director is also a member of the Steering Committee for the US Coalition for Child Survival.

5. Sustainability

Stable, modest, diversified funding base supports talented and committed staff, led by strong executive and board leadership.

During this period, CORE continued to develop its financial and organizational capacity by receipt of a subgrant from World Vision for this cooperative agreement. CORE, through WV, submitted a request for a cost-extension in FY04, and received funding to continue its current activities plus conduct additional activities in family planning, LAC neo-natal health, and HIV/AIDS.

CORE received high ratings for the benefits it provides (Benefits Survey for CORE Members, September 2002). The survey demonstrated that CORE widely disseminated its products through members; increased the service and delivery of member programs as well as improved their overall health knowledge and capacity; and accelerated the rate, ease and relevance of the process critical for members to achieve positive health outcomes through their programming.

The Board of Directors met ten times during this period, and several new members were elected to the BOD at the CORE Annual Spring Meeting. Current members and their terms are outlined below.

The CORE Group's Board of Directors-Elected 4/10/03

Board Member	Organization	End of Term
Robb Davis (Chair)	Freedom From Hunger	2004
Sanjay Sinho (Vice Chair)	CARE	2006
Janine Schooley (Secretary)	Project Concern International	2005
Alfonso Rosales (Treasurer)	Catholic Relief Services	2006
Eric Starbuck (Technical Liaison)	Save the Children	2004
Darshana Vyas (At-Large)	Counterpart International	2004
Tom Davis Jr. (At-Large)	Curamericas	2005
Bram Bailey (At-Large)	SAWSO	2005
Michelle Kouletio (At-Large)	Concern Worldwide USA	2006
Judy Gillens (At-Large)	FOCAS	2005
Lyndon Brown (Host Org. Rep) Non-Voting	World Vision	Ongoing
Karen LeBan (CORE ED) Non-Voting	CORE	

FY03 CORE Inc. Financial Status Report for Subgrant from WV for Cooperative Agreement FAO-A-00-98-00030

WV received a Modification 5 award of \$2,350,000 for FY03 support to CORE Inc. through Cooperative Agreement FAO-A-00-98-00030 (Grant 30). WV sub-granted \$1,958,333 (excluding the WV NICRA of 20% or \$391,667) directly to CORE Inc. in addition to \$135,227 carried over from unexpended Grant 30 FY02 funds for a total Grant 30 sub-grant budget of \$2,093,560.

WV has reported total actual expenditures against the Cooperative Agreement in quarterly SF269 submissions to USAID. CORE Inc. end of year expenses by line item for these funds is as follows.

CORE Inc. FY03 Pipeline Analysis of Sub-grant from WV for Cooperative Agreement FAO-A-00-98-00030

Line Item	FY03 Budget	FY03 Actual	Variance
Personnel	\$ 429,120	\$ 325,463	\$ 103,657
Travel	\$ 323,650	\$ 114,136	\$ 209,514
Supplies/Equipment	\$ 29,000	\$ 7,951	\$ 21,049
Contractual/Consultants	\$ 411,285	\$ 146,535	\$ 264,750
Other Direct Costs	\$ 900,505	\$ 152,834	\$ 747,671
Total	\$2,093,560	\$ 746,919	\$1,346,641*

** Of the total variance, \$941,980 has been contracted, sub-granted or committed, leaving a variance of \$404,661 for the year to be used to support the CORE Inc. FY04 workplan activities.*

Of the total budget variance of \$1,346,641, \$941,980 has been contracted, sub-granted, or committed for FY03 activities. In the “other direct costs” line item, four major subgrants for Malaria Secretariats in Africa have been signed and Secretariats are up and running. Expenses against these subgrants have not yet been submitted by the recipients. An additional four subgrants to PVOs working in Nepal have been negotiated and signed to scale up C-IMCI activities through the IMCI RFMP (Request for Mission Partnership) activity. Several contractual activities in IMCI, Malaria, and TB are pending payment or expected to be completed in the next couple of months. This includes work for translation services and printing of the PD/Hearth guide into Spanish and French, and the CIMCI Facilitator’s Guide; several workshops and trainings; and payment for the TB Technical Reference Materials and the Malaria Survival Guide among others. The remainder of the variance, \$404,661 will be applied toward FY04 working group activities.

Personnel was under-spent due to the delay in hiring the Malaria Coordinator and the staff transition in Finance Directors. Travel was under-spent due to the postponement of several major meetings (including the IMCI Multi-sectoral Platform Meeting) that would have brought field staff together, and the delay in developing subgrants with the 4 Malaria secretariats.

Of the \$404,661 variance remaining, the greatest variances are for Tuberculosis and Malaria. TB was under-spent because a TB interest group was only recently formed during FY03, and TB is a new intervention area for many PVOs. Time was needed to exchange information and ideas before collaborative activities could be developed. The other major area that was under-spent was Malaria due in part to the delay in hiring a full-time Malaria Coordinator (hired in February 2003). Since the Malaria Coordinator’s arrival, spending has significantly increased. The FY04 workplan for malaria assumed that there would be this carry-forward and activities were accordingly programmed in conjunction with USAID colleagues. Travel to support the secretariats, subgrant recipients and to bring PVO representatives to several postponed meetings will significantly increase in FY04.

CORE Secretariat Annual Report FY03

Strategic Goal	Activity	Partner Orgs.	Activity Owner	FY03				Annual Status	
				1 st	2 nd	3 rd	4 th	Status	Comments
CORE SECRETARIAT									
CORE Strategic Goal 1: Community Health Program Knowledge (Orderly process is in place for converting NGO program experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.)	1a.1 Host Fall membership meeting in DC area to review achievements and finalize details of annual workplan	USAID, Steering Committee CSTS	KL				X	Fall Meeting held 9/9/03 at the Hilton Hotel in Silver Spring, MD. Report is on CORE website.	Meeting was followed by a 1 day Documentation / Presentation Skills Building Workshop 9/10/03 and a full day meeting on SBC determinants 9/11/03.
	1a.2 Host Spring membership meeting in W.Coast area to build technical skills, increase working group synergy, and develop preliminary FY04 plans.					X		Over 100 Persons attended CORE annual meeting, Advancing and Promoting Partnerships and Leadership Everywhere, April 7-10 in Portland, OR. hosted by MC.	Report is on CORE website.

	<p>1a.3 Hold Quarterly meetings with working group chairs to create synergies in CORE standards, strategies, practices, products.</p>	WG Chairs CSTS	KL	X	X	X	X	<p>3 WG Chair meetings held plus KPC Taskforce held one meeting where all Chairs were invited.</p>	<p>There has been increased synergies between working groups. Activities show increased synergy in IMCI/Malaria, IMCI/Nutrition and IMCI/SBC activities. The M&E group has worked on determinants with SBC, new indicators with Nutrition, SMRH and HIV/AIDS, and convened a KPC taskforce to interact with all working groups.</p>
	<p>1a.4 Host TAG meeting and/or briefings to explore role of PVOs to improve public health in light of changes in external environment (such as global funds, civil society, health sector reform, Summit Document, Millennium Challenge)</p>	<p>To be explored -JHU? - universities?</p>	KL	X		X		<p>A meeting was held with 5 CEOs / Sr. Directors in preparation for CORE's strategic planning session in December. Davidson R. Gwatkin, adviser on Health and Poverty to the World Bank and the Rockefeller Foundation, spoke about Child Health through an Equity Lens during the CORE Fall meeting.</p>	

	Other Activities Not Included in Workplan:							CORE held a number of meetings to promote community knowledge: These included: 1/21/03 meeting with Nutriset 1/14/03 meeting on Sustainability with CSTS 3/24/03 Meeting on Advocacy for child Health	5/15/03 Presentation to ARC on CORE 5/19/03 Participation in SC Health Program Learning Group 5/28/03 Moderation of GHC Session on "Local Solutions: Communities Impacting CS" 6/2-4/03: Participation in USAID/CSTS CS Mini-University 9/8/03 Presentation at USAID CSHGP RFA workshop
	1b. Documents 1b.1 Develop and disseminate at least 1 publication / article that highlights role and impact of CORE in addition to documents produced by working groups, such as CORE Brochure. (further products pending further funding)	WG Chairs, BOD CSTS	KL	X	X	X	X	1) EDC was commissioned to write journal article on impact of CORE. Paper is expected by end of 03. 2)Draft brochure of Polio Partners Project produced highlighting polio and other CS accomplishments.	
	1b.2 Develop brief case studies or information sheets on CS grant success studies including CORE activities; submit to USAID for Congressional Report or use by USAID/PLA	Members CSTS	KL CSTS	X				CORE was not involved in providing information for the Congressional Report. A brief presentation was made by USAID staff at the CORE Advocacy Education Meeting 3/24/03 to help members better understand was is needed.	9/10/03 meeting on documentation skills should help increase CORE member documentation efforts.

	1b.3 Support CSTS to develop and disseminate CS Connections to CORE members.	CSTS	Ricki Welch, KL	X	X	X	X	The Fall 2002 Issue of CS Connections was produced on “Using Elicitation in Vietnam” and “Grandmother Networks in Senegal”	
	1b.4 Develop and conduct a quantitative study to assess the impact of the network structure used by CORE to disseminate health program knowledge and stimulate NGO action. (Activity dependent on additional funding)	USAID G USAID DCHA CSTS	KL	X	X	X	X	Benefits survey was conducted in September and October 2002 and disseminated to members at the CORE spring meeting in 2003.	Survey highlights the spread effect of CORE tools at country level, and shows that CORE helped to accelerate impact and scale of member’s work.
	1c. Tools N/A								
	1d. Website 1d.1 Enhance website to enable CORE members to post tools, documents and materials used successfully by PVOs and post working group information; users to easily download information; and users and members to access links to MCH resource sites. CORE will track # docs added to web site, # users / week, #page views/month, # links added	IMCI WG CSTS	Eldred Hill	X	X	X	X	<p>We reworked 6 major sections of the website (navigation, drop downs, side menus, graphics) and expanded working group pages creating a “home” for each working group. Added TB and Determinants listservs.</p> <p>Child Health and Development Database activated to enable all PVOs to input and retrieve their tools and documents. 647 visits, 151 entries.</p> <p>407 Subscribers to listservs plus 304 to new RBM listserv</p>	<p>Statistics:</p> <ul style="list-style-type: none"> • 802 new docs added plus 122 updated; • 2,422 users of website/week • 23,670 page views/month • 59 links to technical pages added • 868 messages carried by listserv (10/1/02-3/31/03) and 591 messages (4/1/03-9/30/03)

	1d.2 Develop options to ensure continuity of CORE's website in case of CSTS project closure.	CSTS	Eldred Hill	X	X			Discussions held with CSTS+, no immediate action required	
	1d.3 Maintain and promote consultant roster	WG Chairs CSTS	KL, EH	X	X	X	X	91 new consultants added, total of 250 persons (up from 197 (3/30/03)).	47 consultants updated info since 4/1/03
	1e. Action Research 1e.1 Develop possible role for CORE to pursue multi-PVO multi-country action research related to better understanding home based care and community action critical for child health (implementation pending identification of funding)	Working Groups JHU? CSTS?	KL	X	X	X	X	CORE has supported development of CSTS Sustainability Matrix which provides framework for AR. CORE was accepted into "Country Research Activity" Consortium led by Boston University effective 10/1/03.	
CORE Strategic Goal 2: Organizational Collaboration (Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and	2a. US Based 2a.1 Develop active partnerships and activities with SEEP and FAM networks (TBD dependent on additional funding)	Working Groups	KL	X	X	X	X	SEEP Exec Dir spoke to BOD at 12/02 Strategic Planning Meeting; CORE has been in contact with FAM	No specific joint activities were developed during this timeframe
	2a.2 Actively participate in activities of the US Coalition for Child Health to increase knowledge of child health activities to American public; and follow-up UNGASS commitments.	BOD IMCI WG	KL	X	X	X	X	CORE Exec Dir has been an active member of the Steering Committee for the US Coalition for Child Survival throughout the year.	

maternal health programs.)	2a.3 Support partnership development / collaborative activities between CORE members and USAID/Global Bureau for Health	BOD	KL	X	X	X	X	With CSHGP staff assistance, CORE has increased contact with different Global Health programs including HIV/AIDS, TB and Family Planning.	
	2a.4 TB: With USAID, develop and implement activities that will support greater PVO involvement in TB programming.	USAID	KL	X	X	X	X	<ul style="list-style-type: none"> • Successful meeting “Opportunities for TB Collaboration” held 2/27/03 • TB Interest Group listserv formed • TB committee directed the writing and finalization of new TB Technical Reference Materials (TRMs) 	A meeting to launch the new TB TRMs and to discuss lessons learned about TB programming is scheduled for early October 2003 at the American Red Cross.
	2b. Regional / Field Based 2b.1 Support CORE PVO collaboration in at least 2 countries with a high number of active CS projects to maximize resource sharing, exchange lessons learned, and develop platform for influencing policy, at provincial or national level. Support can be through member visits, meetings, etc.	Working Groups: IMCI /Malaria Members CSTS	KL	X	X	X	X	Through trainings or visits, CORE has increased member interaction in Bolivia, Benin, Cambodia, Honduras, Kenya, Nicaragua, Rwanda, Zambia, Tanzania and Uganda. Guidelines to promote collaboration through bundled applications were developed.	Collaborative country specific activities were funded by IMCI and Malaria. CORE will increase funding for these activities in FY04.

CORE Strategic Goal 3: Resources (Significant, reliable public and private resources are available for CORE members and partners to support community-based child and maternal health programs.)	3a. Fund Diversification 3a.1 Develop and initiate plan for diversifying CORE's resources by increasing revenues through membership fees and foundation applications to complement longer-term USAID resources.	BOD	KL	X	X	X	X	Membership fees of \$500/agency were instituted for 2003. Registration fees for HQ and field events were instituted.	Foundations will be approached in FY04.
	3b. Technical Resource 3b.1 Develop relationships between CORE, the C.A. community, and universities to enhance technical products of working groups	BOD	KL	X	X	X	X	CORE has ongoing relationships with Advance Africa, BASICS, CHANGE, Catalyst, CSTS, EHP, FANTA, IMPACT, JHU RPM+, SPH and QAP. Presentation made at JHU GCP Project 6/4/03.	Staff of these organizations participate in various working groups and have contributed time and resources to several CORE WG products.
CORE Strategic Goal 4: Effective Policy (Active, influential role of CORE members representing community-based child and maternal health	4a Participation in Forums 4a.1 Participate in Global Meetings or initiatives bringing community-based health perspective to global, regional and country policy settings. (I.e. Partners for Parasite Control)	BOD Working Groups WHO / PAHO UNICEF	KL	X	X	X	X	CORE Working Groups participated in 20 policy forums throughout the year including several RBM and IMCI meetings. Also, CORE participated in the WHO TAG on Infant and Child Feeding and the GAVI Steering Committee.	CORE served as Interim NGO Representative to the RBM Partnership Board before being elected in August 2003 for a 2 year term as lead NGO representative.

perspective, values and experience exist in national, regional and global policy forums.)	4b. Studies 4b.1 Develop plan and undertake studies (at least 1) critical to the understanding of sustainable strategies / incentives that enable public health interventions to better reach the most disadvantaged or those communities located in peripheral areas. (pending further funding or collaboration)	Working Groups TBD CSTS	KL			X	X	<p>The IMCI working group completed a study of NGO lessons learned around the AIN strategy in Honduras. Paper is on the CORE Website.</p> <p>CORE worked with JHU on assessment of CHW role in case management of childhood illnesses, esp. delivery of anti-malarials and cotrimoxazole. Paper entitled “CHW Programmes and the Management of Sick Children”.</p> <p>CORE members worked with CSTS to write 2 papers about the sustainability assessment tool for child survival and health (submitted to Int. Journal of Health Planning and Management)</p>	
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	<p>4c. GAVI Board of Directors</p> <p>4c.1 If selected as a representative to the GAVI BOD, develop mechanisms and strategies to engage NGOs in policy discussions at global, regional and national levels concerning strengthening routine immunization systems, adding new vaccines, and developing appropriate c-based demand and delivery strategies. (Pending selection and additional funding for activities)</p>	<p>PEI Project USAID Polio PATH GAVI BOD</p>	<p>David Newberry</p>					<p>A proposal was submitted to enable the CORE Polio Team to play this role. The Red Cross in Kenya was selected instead backed by the Int. Federation of the Red Cross. CORE is engaged in Advisory Meetings on GAVI, and David Newberry attended the 2nd GAVI SC Meeting, and participated in regular NGO advisory meetings led by the American Red Cross.</p>	
<p>CORE Strategic Goal 5: Sustainability Stable, modest, diversified funding base supports small, talented and committed staff, led by strong executive and board leadership.</p>	<p>5a. CORE Secretariat</p> <p>5a.1 Develop and implement plan for building CORE secretariat's capacity to act as an independent organization. Actions include enhanced financial controls, quarterly audits, CORE server, ICR, asset development, location</p>		<p>Warren Wright, KL</p>	X	X	X	X	<p>Financial manual was updated to include subgranting functions. Formal subgrant provided from WV to CORE, Inc. A-133 audit conducted after 4 successful quarterly financial reviews for FY03. MOU established with WV to provide some services to CORE.</p>	<p>CORE will move in new office space provided by WV early October 2003 to 300 I Street NE.</p>

	5a.2 Develop and implement plan to maintain minimal number of essential CORE staff while supporting CORE and working group activities through dedicated consultants. Activities include staff recruitment, training, and benefits; and hiring of consultants to support working groups and CORE projects.		WW, KL	X	X	X	X	Malaria Coordinator hired 2/03, bring total of CORE staff to 5. Finance Director changed from Warren Wright to Ed Ehrenberg (September 16, 2003). All staff continue to be seconded from member agencies. 4 consultants on retainer – WG backstop for HIV and SMRH; Meeting planner; Copy Editor; IT Specialist	CORE is evaluating its HR policies by comparing secondment to use of a Professional Employment Organization, or to self-manage HR.
	5b. CORE membership 5b.1 Extend outreach and grow CORE membership. Establish CORE relationships with other regional and national PVO health networks. Includes development of membership package of materials	BOD	KL	X	X	X	X	Criteria and process established to support new membership which became open in January 2003. American Red Cross and Hesperian Foundation were voted in as new members. Linkages with PROCOSI and NICASALUD ongoing.	
	5c. BOD 5c.1 Build capacity of BOD to serve CORE as it becomes independent.	BOD CSTS	KL		X		X	Strategic planning meeting held December 2002. Finance advisory committee established.	New BOD positions for Vice-Chair, Treasurer and 2 At-Large Positions elected 4/03.

HIV/AIDS Working Group Annual Report FY03

Note: Ruth Hope became the Senior Technical Specialist for the Synergy Project in early FY0 leading to selection of. Darshana Vyas (Counterpart) and Bram Bailey (SAWSO) as the new Co-Chairs of the HIV/AIDS working group. In April 03 Milton Amayun (World Vision)replaced Bram Bailey. Phil Moses, a consultant hired by CORE to support the HIV/AIDS and SMRH Working Groups provided consistent support throughout the year.

Strategic Goal	Activity	Partner Orgs.	Activity Owner	FY03				Annual Status	
HIV/AIDS				1 st	2 nd	3 rd	4 th	Status	Comments
CORE Strategic Goal 1: Community Health Knowledge (Orderly process is in place for converting NGO program experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.)	1a. Workshops 1a.1 Conduct orientation and capacity building workshop for CORE member field staff in use of VCT Guide and MTCT Guide (Africa region/ country TBD)	FHI/IMPACT	Ruth Hope, Rushna Ravji				X		This activity will be postponed until FY04 when both guides are completed.
	1b. Documents 1b.1 Field test and finalize HIV VCT Guide (3 booklets) for PVOs and their partners following steps:	FHI/IMPACT	RH, RR						
	a) Field test draft VCT guidelines (produced in FY02) in 1 country each in West, East and Southern Africa			X	X			Both HIV/AIDS and SMRH working groups provided extensive comments to the VCT guidelines throughout 2002/2003. FHI/IMPACT felt the product was complete in April 2003 and is planning to publish them in early 2004.	The 3 guides include: 1) Establishing Effective Voluntary HIV Counseling and Testing Services. 2) Guide for Ensuring Effective Community Mobilization and BCC around VCT Services through PVO/NGO Programming 3) Establishing a VCT service

	b) Revise and finalize VCT guidelines					X	X	CORE received funding from FHI IMPACT to develop a shorter more community-focused guide for workers in remote areas.	Charlotte Storti completed an outline and will submit her first draft by October 16, 2003.
	1b.2 Develop, field test and finalize Prevention of MTCT guide geared toward PVOs and NGO partners following steps:	FHI/IMPACT, SM/RH WG	RH, RR	X					
	a) Develop MTCT draft			X					
	b) Field test draft guidelines in 1 country each in West, East and Southern Africa				X	X		Both HIV/AIDS and SMRH working groups provided extensive comments to the PMTCT guidelines throughout 2002 / 2003. FHI/IMPACT felt they were complete in March 2003 and is planning to publish them in early 2004.	The 3 guides include: 1) PMTCT at the national level 2) Guide for Ensuring Effective Community Mobilization and BCC around PMTCT Services through PVO/NGO Programming 3) PMTCT at the Sub-district level: Getting Started
	c) Finalize MTCT guidelines						X	CORE received funding from FHI IMPACT to develop a shorter more community-focused guide for workers in remote areas.	Dr. Dory Storms solicited input from CORE members and incorporated new information from UNICEF into an outline for the PMTCT guide.

	1b.3 Develop VCT and MTCT development education and media briefing materials for use by PVOs/NGOs at national and district levels	FHI/IMPACT SM/RH WG	RH, RR				X	This activity will be dropped from plan in favor of development of second set of guides.	
	1b.4 Update HIV/AIDS Technical Reference Materials or guidelines to be more concrete and comprehensive, with broad program guidance, and an expanded reference list	FHI/IMPACT CSTS	RH, RR	X				FHI IMPACT with CORE input finalized a document entitled "HIV/AIDS Resource Materials" which is posted on the CORE website.	The document was also sent to CSTS for use in revising the TRMs.
	1c. Tools 1c.1 Develop HIV/AIDS Qualitative & Quantitative Evaluation indicators/methodology as part of KPC or supplemental to KPC (dependent on additional funding)	M&E Working Group, CSTS	RH, RR	X	X	X	X	FHI IMPACT produced a brief paper entitled "monitoring and evaluation guide" which is posted on the CORE website.	This document was also sent to CSTS. CSTS produced a document on HIV AIDS indicators and references. A KPC Taskforce was established in summer 2003 to discuss and revise KPC indicators, as necessary. The group met during the CORE fall meeting to discuss the HIV/AIDS indicators.
	1c.2 Initiate development of Human Resource Guidelines on HIV/AIDS comparing policies / better practices across PVOs and other organizations	CSTS TBD	Ellen Vor der Bruegge Zeina Sifri					CORE sent several documents and references to the SEEP network who is taking the leadership in development of these guides.	

	1d. Website 1d.1 Update WG webpage w/ minutes and materials		RH, RR					Ongoing	
	1e. Action Research N/A								
CORE Strategic Goal 2: Organizational Collaboration (Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.)	2a. US Based 2a.1 Develop collaborative project with SEEP Network looking at interventions addressing economic impact on persons affected by HIV/AIDS and establish linkages with other HIV/AIDS networks / taskforces.*	SEEP	EVb, ZS	X	X	X	X	Jim Dempsey, a SEEP consultant, was taking the lead on this project. Since his move to Ethiopia, activities have not moved forward.	
	2b. Regional / Field Based N/A								
CORE Strategic Goal 3: Resources (Significant, reliable public and private resources are available for CORE members and partners to support community-based child and maternal health programs.)	3a. Resources 3a.1 Work with FHI/IMPACT to finish projects per their MOU with USAID/DCHA	FHI	RH, RR	X	X	X	X	Ongoing	
	3a.2 Look for additional resources to support any activities developed between CORE and other networks such as SEEP to address HIV/AIDS		RH, RR, Karen LeBan					Ruth Hope has continued to support CORE through sharing of documents and information from the Synergy Project.	

CORE Strategic Goal 4: Effective Policy (Active, influential role of CORE members representing community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.)	4a. Participation in Forums 4a.1 Attend International Meetings on behalf of CORE to share lessons learned / new ideas			X	X	X	X	Members have attended various HIV / AIDS forums. Website discussions have taken place such as the one on Dirty Needles and Tainted Blood in Africa.	

IMCI Working Group Annual Report FY03

Note: IMCI Working Group Co-Chairs are Alfonso Rosales (CRS) and Sanjay Sinho (CARE). Lynette Walker is hired by CORE as the IMCI Coordinator.

Strategic Goal	Activity	Partner Orgs.	Activity Owner	FY03				Annual Status	
				1 st	2 nd	3 rd	4 th	Status	Comments
IMCI Working Group									
CORE Strategic Goal 1: Community Health Program Knowledge (Orderly process is in place for converting NGO program experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.)	1a: Workshops 1a.1 Host at least 5 country-level workshops on the C-IMCI framework to build a common language for C-IMCI and promote PVO/MOH/partner collaboration around C-IMCI implementation. Links with: 1c.2, 2b.4, 3a.1, 2a.1, 2b.3, and 1b.4	Member organizations Malaria WG	Chris Bessenecker, consultant Member organization to administer in Africa under subgrant	X	X	X	X	Subgrant was competitively bid and awarded to PCI to refine, implement and follow-up on six country level meetings in Africa. The project manager was trained by the consultant in conducting the workshops. Meetings were held in Ghana in January 2003 and South Africa in May 2003 with 35 and 41 participants respectively. Pre-visits have taken place for Uganda, Malawi, Ethiopia and Tanzania establishing the relationship with the lead organization, developing the steering committee and conducting any needed adaptation for the specific country.	Coordination with country schedules took longer than anticipated and the subgrant has been extended until May 31, 2004 to enable all six workshops to be completed. PCI has established a system to ensure follow-up of commitments made by participants at the workshop. WHO/AFRO and CORE have been working together to connect consultants trained in the C-IMCI Briefing Package with country workshops. Participants represent PVOs, national and district-level MOH, WHO, WHO/AFRO, and UNICEF. Workshop objectives state that by the end of the three-day workshop, participants will have: <ul style="list-style-type: none"> Increased their understanding of C-IMCI; Developed a common perspective on HH/C IMCI in order to recognize the potential inputs by all partners Practiced using the framework as a tool for identifying and developing C-IMCI activities across partners and sectors; and Increased cross-organizational and cross-sector collaboration with C-IMCI.

	<p>1a.2 Host LAC regional C-IMCI workshop bringing together USAID and PVOs to promote greater understanding of how to scale up C-IMCI in LAC and impact on investment strategies (Location: Nicaragua)</p> <p>Links with: 1b.1</p>	EHP BASICS USAID	<p>Beth Gragg Marsha Slater, consultants</p> <p>WG members to advise</p>	X				<p>LAC regional meeting was conducted on February 11-13, 2003 with more than 73 participants from across the region. The meeting was a joint effort with CORE, EHP and BASICS. Ten PVO country offices presented their efforts and extensive small group discussion enabled participants to explore workshop themes.</p>	<p>BASICS II will be producing final workshop proceedings detailing the presentations and recommendations developed.</p>
	<p>1a.3 Host Asia workshop on C-IMCI framework to enhance the capacity of NGOs, governments, and partners to develop effective C-IMCI programs using state of the art experiences in community-based child survival work. Follow-up to WPRO Philippines NGO consultation held in FY02. (Location: Cambodia)</p>	WHO/WPRO UNICEF	<p>Gita Pillai, consultant</p> <p>NGO steering committee needed in Cambodia</p>	X	X			<p>WHO/WPRO hosted the second workshop on IMCI in the region 25-29 August, 2003. CORE worked with WPRO to plan and facilitate the day of the training focused on presenting the regional C-IMCI framework (developed from the CORE framework at the NGO consultation). CORE members from HQ and the region participated in the whole workshop to assist government buy in for IMCI.</p>	<p>Workshop participants included government representatives from 12 W. Pacific countries. The recommendations from the IMCI workshop will be brought to the Ministers of Health from each country as they gather in the Philippines for the regional WHO forum focused for the first time specifically on child health.</p>

	<p>1a.4 Host global workshop to explore C-IMCI multi-sectoral platform (MSP) with focus on better practices/principles needed for inter-sectoral effectiveness and sustainability. (Location: US)</p> <p>Note: Activity dependent on developing partnerships for co-sharing costs.</p> <p>Links with 1b.2</p>	SBC WG Nutrition WG Malaria WG CSTS, EHP, SEEP, FAM, BASICS, Sustainability framework (CSTS)	<p>Consultant needed</p> <p>Members to advise on direction</p>	X	X	X	X	<p>A Steering Committee developed three models for the MSP and put out a call for abstracts. Abstracts were reviewed during a TAG meeting Sept. 25th and selected for paper development. The Steering Committee made modifications to the MSP models and set next steps to host a global workshop in Spring 2004.</p>	<p>The Steering Committee includes CORE members across working groups, EHP, CSTS, and the UNF. Rockefeller has been approached for involvement.</p>
	<p>1a.5 Coordinate with SBC Working Group for 1) HQ and 2) SE Asia workshop on BEHAVE methodology to support appropriate C-IMCI Element 3 interventions/strategies</p> <p>Links with: 1c.1</p>	SBC WG CHANGE CSTS		X	X			<p>The SBC Working Group conducted both workshops in this reporting period (see SBC report for more details). Additionally, a session on the BEHAVE Framework was developed to supplement the C-IMCI country meetings and is included in the Facilitator's Guide.</p>	

	1b. Documents 1b.1 Work with partners to solicit and develop quality papers on NGO C-IMCI best practices in LAC prior to LAC workshop for presentation and discussion. Links with: 1a.2	BASICS EHP	Beth Gragg	X	X			The LAC meeting planning committee consisting of EHP, CORE and BASICS selected ten abstracts for presentation at the LAC meeting. Out of these, a BASICS consultant worked closely with four PVO projects to develop 2 – 6 page papers on their projects.	CORE will translate the finished papers into English following final editing efforts at BASICS.
	1b.2 Develop a SOTA paper focusing on the multi-sectoral platform that includes a collection and synthesis of PVO cases and tools based on field gathered stories prior to global meeting on MSP. Links with: 1a.4	SBC WG Malaria WG Nutrition WG SEEP, FAM CSTS/JHU	Consultant needed Members to advise on direction	X	X	X	X	This project was replaced with the call for abstracts to identify and develop case studies of PVO country examples of the MSP.	

	<p>1b.3 Develop a paper on CHW IMCI case management training for publication in CS Connections.</p> <p>Links with 1c.1</p>	CSTS (TBD) Members	Sanjay Sinho Members to review concept paper	X	X			Peter Winch, JHU wrote a paper on CHWs and case management. CORE members provided documents and participated in interviews and the CORE staff identified key informants and provided feedback on the paper. The paper led to the development of a policy statement by WHO and UNICEF on community-based distribution of antibiotics for ARI.	
	<p>1b.4 Support organizations to write up and document cases and key lessons learned about the implementation and testing of the C-IMCI framework.</p> <p>Links with: 1a.1, 1c.2, 2b.4, 3a.1, 2a.1 and 2b.3</p>	CSTS Members	RFA to award to member organizations for staff time or consultant costs	X	X	X	X	A presentation and discussion session at the CORE Spring meeting brought PVOs together to discuss and analyze experiences with the framework. Africare/Benin is completing a paper on their experiences planning C-IMCI efforts with the framework. PCI is developing case studies on C-IMCI implementation by element to supplement the Facilitator's Guide.	One conclusion of the Spring meeting discussion was the need for more documentation and evaluation of the implementation and impact of C-IMCI efforts with the Multi-Sectoral Platform. Efforts on the MSP global meeting will accomplish this documentation in FY04.

	<p>1c. Tools 1c.1 Review, validate if needed, and promote at least three key tools that support the C-IMCI framework.</p> <p>Links with: 1d.1, 1b.3, and 1a.5</p>	CSTS (TBD) Members	RFA to award to member organizations for staff time or consultant costs		X	X	X	CORE completed the PD/Hearth manual, which supports community efforts to rehabilitate malnourished children (Element 3). The manual was translated into French and Spanish. Trainings were conducted on both the East and West Coast to prepare headquarter staff and consultants to backstop quality PD/Hearth programs. A consultant's guide for PD/Hearth and a curriculum for the PD/Hearth training will be completed by October 2004.	Country trainings are scheduled for Rwanda in October 2004 and India in December 2004. Both bring together multiple PVOs, partners and donors.
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	<p>1c.2 Develop self-guided materials to supplement country workshops and prepare PVOs to assist with C-IMCI national and regional planning. Translate materials into French and Spanish.</p> <p>Links with: 1a.1</p>	WHO	Chris Bessenecker, consultant Translation consultant needed	X	X	X	X	CORE completed the “Facilitator’s Guide for Conducting Country Meetings on C-IMCI,” The guide includes pre-workshop planning, detailed session guides, supplemental workshop materials such as PowerPoint presentations, sample invitations, and speaker guides as well as all the necessary handouts and a participant guide. The guide has been translated into French based on member and partner requests.	The guide was field tested in Ghana and adapted based on feedback in country and from various working group members. It has also been shared with WHO/AFRO and is seen as a valuable complement to their Briefing Package for planning country efforts around C-IMCI. The guide was used by the Malaria Working group to support their efforts to implement Fresh Air Malaria meetings in African countries. PCI is finalizing case studies for inclusion in the participant guide.
	<p>1d. Website 1d.1 Review materials and update database of PVO child health and development tools/documents/materials that will be interactively posted on website to facilitate cross-organizational learning</p>	Softek CSTS All WG’s	LW All to submit tools	X	X	X	X	The database was completed. To date, more than 200 documents have been entered into the system. A consultant continues to add new documents and check the quality of public entries.	
CORE Strategic Goal 2: Organizational Collaboration (Open, inclusive partnerships and collaboration exist at	<p>2a. US Based 2a.1 Continue coordination with the USAID-led Request for Mission Partnership working group.</p>	USAID BASICS EHP, URC	LW	X	X	X	X	CORE participated in RFMP meetings.	

national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.)	2b. Regional / Country Based 2b.1 Bolivia: Support collaborative effort of NGOs and other agencies in Bolivia focused on coordinating and improving C-IMCI efforts.	PROCOSI Members	PROCOSI	X	X	X	X	<p>The National C-IMCI Commission and seven expanded Regional Committees are operational. Database and mapping of NGO and health care institutions was completed identifying 162 municipalities (51%) with C-IMCI interventions. A document was prepared and disseminated on models to reinforce the link between health care entities and the communities they serve. A seminar was organized on “Concepts, Methodologies and Instruments for Health Care Activities in Communities”. Commission members have been actively involved in coordinating IMCI IEC materials in the country and have collaborated on a CHW manual and calendar with 16 key family practices.</p>	<p>CORE supported the involvement of the project coordinator in the LAC meeting and facilitated a sharing of experiences across countries on the strengths of collaborative efforts for achieving scale in child survival programs.</p> <p>The project coordinator serves on the national Interagency Committee for under fives representing the NGO community.</p>
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	2b.2 Benin: Support organization and documentation of national and departmental planning around C-IMCI/Malaria in Benin.	USAID Mission Malaria WG URC BASICS	Africare	X	X	X	X	Based on community interventions prioritized by a national steering committee, Africare completed and distributed a 53-page paper in English and French documenting community interventions to partners throughout Benin. Final project report of the experience with the C-IMCI planning using the framework is due Sept. 30, 2003.	
	2b.3 Support NGO coordination for additional RFMP country efforts (most likely Nicaragua, Senegal, Nepal, and Benin).	USAID, BASICS, EHP, SARA, URC	TBD	X	X	X	X	PVO partners worked with the Mission and MOH in Nepal to develop a proposal for PVO expansion of C-IMCI in six districts in Nepal. This effort will be carried out during FY04.	For more information, see project proposal and workplans.
	2b.4 Support NGO efforts in at least 1 key country to coordinate Malaria/IMCI country activities and engage in ICC's.	Malaria WG	TBD	X	X	X	X	A national Fresh Air Malaria workshop was held in Zambia. Secretariats funded by Malaria in Uganda and Tanzania are joint IMCI/RBM efforts.	See Malaria WG reporting for more details.
CORE Strategic Goal 3: Resources (Significant, reliable	3a. Resources 3a.1 Explore synergies with funding for PVO C-IMCI implementation			X	X	X	X		

public and private resources are available for CORE members and partners to support community-based child and maternal health programs.)	funds through UNICEF or other global partners by jointly hosting meetings and focusing funding solicitation on key countries. Links with: 1a.1, 2b.4, 2b.3, and 2a.1								
CORE Strategic Goal 4: Effective Policy (Active, influential role of CORE members representing community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.)	4a. Participation in Forums 4a.1 Represent CORE in the Inter-Agency Working Group on C-IMCI and different global forums for decision making in order to influence the global agenda and strengthen the understanding by global and national partners on community-based strategies to reach those most in need. Conduct individual meetings with IAWG member organizations to build relationships.	USAID, WHO, UNICEF, WB, DfID, UNF, PAHO, AFRO, BASICS, EHP, SARA	LW WG members	X	X	X	X	CORE participated in the Inter-Agency Working Group on C-IMCI held in Geneva in September 2002. CORE members and staff participated as key informants in the Analytic Review of IMCI and provided feedback to WHO on the briefing package for C-IMCI consultants created on behalf of the IAWG. WHO/AFRO participated and provided helpful feedback in the Ghana country meeting upon CORE's invitation. CORE members participated in the joint IMCI/RBM taskforce in Harare Sept. 2003 and in the W. Pacific Regional meeting on IMCI in Aug. 2003.	

	4b. Studies 4b.1 Gather, analyze, and post key process indicators (progress benchmarks) per element/MSP to facilitate collection of data and experiences used to promote sustainable child health and development strategies.	CSTS? JHU? M&E WG				X	X	Not implemented at this time.	Discussion was held at the CORE Spring meeting that reiterated the need for indicators related to the framework. The M&E WG has prioritized work on KPC and behavioral determinants at this time.
	4b.2 Commission at least 1 study on key issues impacting child health policy that feed into process indicators selected and provide synthesized research to impact on decision-makers. Links with: 4b.1	BASICS JHU Other universities Members		X	X	X	X	CORE completed a study of PVO experiences with AIN-C in Honduras. The study paper is currently being translated into Spanish.	

Malaria Working Group Year-End Report FY03

Note: Malaria Working Group Co-Chairs are Circe Trevant (CCF) and Lyndon Brown (WV). Carolyn Daher was hired as the Malaria Coordinator beginning February 2003. Activities have significantly picked up pace upon her arrival.

Strategic Goal	Activity	Partner Orgs.	Activity Owner	FY03				Annual Status	
Malaria				1 st	2 nd	3 rd	4 th	Status	Comments
Work Plan Overall Objectives: 1. Sensitize and mobilize the NGO sector to understand RBM priorities in several countries, accelerate NGO-coordinated involvement, and develop concerted action plans with RBM partners in at least 3 countries to help achieve Abuja goals; 2. Strengthen NGO capacity to develop and implement interventions that improve case management of children / home based treatment through the private non-formal sector; 3. Support innovation or scale-up of an appropriate coordinated intervention that will reduce mortality and morbidity caused by malaria.									
CORE Strategic Goal 1: Community Health Program Knowledge (Orderly process is in place for converting NGO program experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.)	1a: Workshops 1a.1 Develop country level Fresh-Air malaria workshop template (integrating malaria with CIMCI) and TOT materials (based on Zambia field test) for use by CORE members to conduct modified Fresh-Air workshops with their own organizations or groups of organizations at country level	CSTS IMCI WG Freedom from Hunger	Larry Casazza, Circe Trevant Carolyn Daherr Robb Davis	X				The project was contracted to Freedom from Hunger. The draft Guide has been finalized for pilot testing. National Workshops are planned for FY04 in Sierra Leone, Ghana, Tanzania, Kenya, and Uganda. The Guide will be used to plan these workshops, and will be pilot tested in the first country to hold a workshop. After revisions, the guide will be translated into French. We have identified a contractor for this service. This activity will carry over into FY04.	The Guide has built upon the C-IMCI Facilitators guide, and in turn, the C-IMCI has incorporated ideas from the Malaria Guide as it progresses.

	<p>1a.2 Host Fresh-Air Malaria 4–5 day workshops in at least 3 countries to present SOTA on malaria (linked to CIMCI) to PVOs / NGOs and to develop group action plans. (Cost share with member participants)</p>	<p>WHO / AFRO CSTS, UNICEF, MOH, BASICS, SARA</p>	<p>LC, CT: Lead agencies per country to be selected by Coordinator</p>	X	X	X	X	<p>Workshops held:</p> <ul style="list-style-type: none"> • Zambia Country Workshop, August 2002 • Mali National Workshop, July 2003 (organized locally) <p>Workshops Planned:</p> <ul style="list-style-type: none"> • Sierra Leone –Winter 2004 • Ghana – Winter 2004 • Tanzania - TBD • Kenya - TBD • Uganda - TBD <p>This activity will carry over into 2004.</p>	<p>Time required to establish the Secretariats have led to delays in the workshop scheduling. Requests from Ghana and Sierra Leone did not come until August, 2003.</p> <p>In the Secretariat countries, their staff will take the lead in organizing. The lead agencies for Sierra Leone and Ghana are CCF and PCI, respectively. Ongoing discussions are being held with the IMCI group to coordinate and appropriately sequence Malaria and IMCI workshops</p> <p>CORE is ready to respond to other country proposal for workshops, particularly in Francophone Africa</p>
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	<p>1a.3 Collect, analyze and share better practices of NGO programs that have improved case management of children in at least one country based on active interest of NGO secretariat and RBM partner. Dissemination might take place in the form of a 5-day workshop after secretariat collects and analyzes programs working with private nonformal sector. Workshop will result in increased understanding of actions that can be taken by PVOs, possibly including guidance for the adaptation of an innovative strategy that will improve demand, supply and compliance of appropriate drug regimens through community-based private drug sellers, in areas where this sector provides the majority of care. (Cost share with member participants)</p>	<p>TDR? CSTS? UNICEF? MOH QAP Project RPM? BASICS CHANGE? SARA?</p>	<p>LC, CT, Key technical resource TBD, Coordinator Lead Agency per country</p>		X	X	X	<p>CORE issued an RFA to its members for up to 6 documentation grants for effective community-based ITNs and malaria case management activities. Proposals will be submitted, reviewed, and chosen by a selection committee by end of November 2003.</p> <p>The Surviving Malaria Decision Guide is being finalized and will be distributed in October 2003 for pilot testing. The Decision Pathway is undergoing reformatting and will be available for testing at the end of November 2003.</p> <p>These activities will carry over into FY04.</p>	<p>Additional time was required to develop a transparent, equitable process for soliciting and awarding documentation monies with synchronized timing across CORE working groups.</p> <p>CORE is actively engaged with private sector partners about potential collaboration for documentation and dissemination of effective malaria control activities.</p> <p>Timing of the Decision Pathway was coordinated to coincide with CSHG planning for FY04.</p>
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	<p>1a.4 Host Regional Fresh Air malaria workshop for Francophone Africa, targeting results to improve case management of children through the private drug sellers. Pending co-funding and support by partners. (Possible sites: Senegal or Benin)</p>	CSTS, WHO/AFRO UNICEF BASICS Africare	LC, CT, coordinator		X	X	X	<p>CORE and its partners held the Francophone Regional RBM NGO Workshop from June 23 – 27th in Bamako, Mali. Over 200 participants representing 90 organizations participated. CORE and PLAN Mali have distributed the CD –Rom containing the conference materials. RBM-WHO have expressed interest in posting conference materials on their website.</p> <p>On August 7th, we held a debriefing meeting for USAID and partners summarizing key information, evaluation results, and next steps. The summary report is posted on the CORE website.</p>	CORE anticipates requests for activity support for Francophone countries following this workshop, and will follow-up in FY04 accordingly with funds budgeted for this item.
	<p>1b. Documents 1b.1 Write briefing paper based on answers to questionnaire to track participant and organizational actions taken since Fresh-Air Malaria workshop to inform action plan and workshop design.</p>	CSTS?	Intern	X				<p>We began this process by including follow up questions on the Mali workshop evaluation. This activity will be carried over into the FY04 Workplan, as we anticipate up to 5 National Workshops in FY04.</p>	CORE will consider contracting its members for this activity and specific products.

	<p>1b.2 Collect PVO examples of working with private providers / drug sellers to improve malaria case management and referral at local level. Cases will inform / validate actions outlined in decision tree tool and will be collected by secretariat, at workshops, and/or via RFAs or other mechanisms to create SOTA document and inform development of a protocol(s) that can be used by PVOs to implement and scale-up private provider case management interventions. CORE will support documentation in cases acknowledged as important. Examples to be synthesized into document FY04.</p>	CSTS BASICS SARA IMCI Working Group	LC, CT Coord.	X	X	X	X	<p>CORE hired a consultant to collect, synthesize, and present information documenting NGO RBM activities, which include examples of working with Private Providers. The first draft of the malaria activity paper was submitted for review in August, 2003. We are working with consultants to revise and complete the draft of this document.</p> <p>The Surviving Malaria Decision guide and Pathway were presented at the Spring Meeting for feedback. A consultant was hired to solicit input from RPM+ and other partners, and their comments have been incorporated.</p> <p>CORE has been monitoring the Private Provider Task Force discussions, disseminating relevant information to its members, and participating in meetings when possible.</p> <p>These activities will carry over into FY04.</p>	
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	<p>1b.3 Collect PVO examples of bednet distribution, equity and subsidy schemes used at community level as they are presented in reports or workshops. Cases could focus on antenatal care, private sector marketing and distribution to high-risk groups, HIV/AIDS home care packages, etc. Cases may be used to develop a SOTA paper in FY04 if enough cases found to justify a document.</p>	CSTS Netmark SMRH Working Group SARA	LC, CT Coordinator	X	X	X	X	<p>CORE issued an RFA to its members for up to 6 documentation grants for effective community-based ITNs and malaria case management activities. Proposals will be submitted, reviewed, and chosen by a selection committee by end of November 2003.</p> <p>These activities will carry over into FY04.</p>	CORE is actively engaged with private sector partners (ie Bayer and Vestergaard) about potential collaboration for documentation and dissemination of effective malaria control activities.
	<p>1c. Tools 1c.1 Develop and test decision tree of key information (actions / barriers / opportunities) that can be used by NGOs to improve case management of children through private drug sellers that will enable a child to receive and take a quality pill, in the correct dosage, at the right time, in the right amount of time, with proper counseling for referral if needed. Tools can be an addition to TRMs for PVO interventions in malaria, and could include detailed guidance to improve interventions. (Dependent on technical resources and support from partners.)</p>	CSTS? JHU? BASICS QAP RPM CHANGE SARA?	Coordinator or Consultant?	X	X	X	X	<p>CORE hired a consultant to solicit feedback and finalize the Surviving Malaria Decision Guide and the content of the Pathway Tool. Several meetings were held to revise and align the content of these two pieces. The Guide will be distributed to NGOs with CSHGPs for pilot testing in their FY04 program planning process.</p> <p>This activity will carry over into FY04.</p>	We have been considering various visual formats for the Decision Pathway Tool and are currently working to identify a PVO member or consultant with design experience that can carry the Pathway Tool development to its next steps. We anticipate a pilot version by end of November 2003.

	1c.2 Provide input into development of modules / job aides for Malaria Education (based on successful Freedom from Hunger micro-credit education modules) to 1) improve demand for case management, and include counseling for compliance, and 2) possibly include modules to be used with private sector providers. Fund regional or country dissemination event.	FFH SEEP? CSTS BASICS	LC, CT Coordinator	X	X	X	X	The meeting was held after Fresh Air meeting in Mali, June 2003 with NMCP and FFH micro-finance partners to discuss design ideas.	Robb Davis organized the meeting, and it was attended by National Malaria Control Program Representative, industry representatives, and several Malaria Working Group members. Contact FFH for additional information.
	1c.3 Develop a protocol that can easily be used by PVOs interested in researching household compliance with multi-dose malaria treatment. (dependent on additional funding / collaboration)	CSTS/JHU BASICS? CHANGE?	Coordinator Lead technical consultant TBD	X	X			No additional funding available.	Working Group has decided to consolidate and prioritize a workplan focusing on refining the Surviving Malaria Decision Pathway Tool.
	1c.4 Develop and disseminate a protocol that can be used by PVOs (in at least one country) to scale-up a coordinated effort to improve case management by private providers (protocol developed as a result of a country level workshop) or achieve other Abuja goal as decided by RBM partners and NGO secretariat.	CSTS/JHU ? QAP CHANGE? BASICS?	Coordinator Lead technical consultant TBD			X	X	No additional funding available.	Working Group has decided to consolidate and prioritize a workplan focusing on refining the Surviving Malaria Decision Pathway Tool.

	1d. Website 1d.1 Encourage PVOs / NGOs to post PVO/NGO tools, documents and materials related to the malaria minimum package on the enhanced CORE website; review for promotion to CORE members.	All Members	All	X	X	X	X	Malaria Working Group page on CORE website has new linkages and articles on malaria. CORE has been actively using listserv to disseminate and discuss materials. Larry Casazza hired to produce and distribute "Malaria Moments" Francophone Regional Workshop CD-Roms distributed at meetings and mailed to interested parties. Documents distributed and updates collected at the CORE Fall Meeting.	Work is ongoing.
	1d.2 Post materials and minutes of WG meetings on web so the Malaria WG web page is content rich.		Coordinator	X	X	X	X	Ongoing.	CORE will consider hiring a consultant or engaging an intern for these tasks.
	1d.3 Design data user entry form to incorporate and maintain database to track PVO country level activities in RBM.	CSTS	D. Cantor	X	X			Given changes within new CSTS+ Project, this activity was cancelled.	

	1e. Action Research 1e.1 If funding is secured, use protocol tool on household compliance or case management or other key action to improve malaria outcome for multi-country multi-PVO action research. Research could help community to better understand determinants that will increase persons taking full malaria dose, esp. in disadvantaged settings where cost is an issue. (TBD based on research guidance from partner.) This would be part of a 3-5 year effort.	JHU? CHANGE?	TBD				X	No additional funding available.	Working Group has decided to consolidate and prioritize a workplan that no longer includes this item.
CORE Strategic Goal 2: Organizational Collaboration (Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.)	2a. US Based 2a.1 Develop possible joint activities linking BDS and micro-development with malaria education and private provider education.	SEEP	Coordinator	X	X	X	X	No additional funding available.	Working Group has decided to consolidate and prioritize a workplan that no longer includes this item.
	2b. Regional / Country Based 2b.1 Support actions determined by NGO secretariat and RBM partners that will accelerate attainment of one of the RBM priority goals in at least 3 countries. Actions will be coordinated with MOH, RBM partners, private sector, WHO, UNICEF) (up to \$100,000 country TBD)	IMCI WG SBC WG QA BASICS	LC, CT Coordinator		X	X	X	CORE has established 4 NGO RBM Secretariats and is working to support them in their Year 1 workplans. Resource leveraging, information sharing, and other activities to help achieve this goal are Secretariat Objectives. This activity will carry over into FY04.	Though still in their nascent stages, progress is expected as Secretariats expand.

	2b.2 Support NGO malaria secretariats (composed of Lead Staff and Assistant) that will promote coordination, share information, and take action on at least one intervention related to improving case management of children, improving access to ITNs, or improving use of IPT for pregnant women.	IMCI WG	Coordinator LC, CT					<p>Secretariat Status:</p> <ul style="list-style-type: none"> • Zambia Secretariat formed with official launch on Africa Malaria Day 2003. Coordinated hired and mapping exercise complete. • Tanzania Secretariat formed as of June 2003. Coordinator hired. • Uganda Secretariat formed September, 2003. In process of hiring staff. • Kenya Secretariat formed August, 2003. In process of hiring staff. <p>Activities will carry over into FY04.</p>	CORE staff, members, and consultants continue engaging with Secretariat members to encourage their participation, monitor progress, and provide program support (i.e. Larry's visit to Zambia, Tanzania, and Kenya in Sept/Oct 2003, Carolyn's visit to Uganda 11/03). CORE has put out a request to HQ members to provide support to Secretariats during the filed visits. Several members have already engaged in this process.
CORE Strategic Goal 3: Resources (Significant, reliable public and private resources are available for CORE members and partners to support community-based	3a. Resources 3a.1 Link Global ATM Fund (CCMs) with PVOs / NGOs via NGO Secretariats to develop, implement and/or monitor country proposals. (Action to be initiated this year with long-term plan to have ATM fund scale-up efforts.	IMCI WG HIV/AIDS WG	LC, CT, Team leader / country	X	X	X	X	<p>CORE is encouraging and supporting the development of joint proposals for the NGO Secretariats. MWG members are encouraging malaria proposals within their own organizations.</p>	The time required to establish the Secretariats has delayed this activity. Larry, Carolyn, and Circe are meeting with key USAID Mission and CCM partners during field visits to explore possibilities. We will discuss this item with Board members in Fall 2003.

community-based child and maternal health programs.)	3a.2 Link PVO/NGO country action plans with possible country level funders such as Dfid, UNICEF, private sector, foundations by inviting them to participate in regional and country workshops		LC, CT, Team Leader/ Country	X	X	X	X	<p>Linking with country-level donor organizations has been established as a key item for the RBM NGO Secretariats.</p> <ul style="list-style-type: none"> • Collaborations achieved: • Marathon Oil signed a \$7 million contract with MCDI • BU/ARCH co-funded the Zambia Secretariat. • Partnership forged between WV Kenya and SHEF foundation to scale-up community pharmacies <p>Meetings to increase collaboration include:</p> <ul style="list-style-type: none"> -WV and UNICEF/DFID for net programs -Vestigard Nets and documentation - Bayer Corp for management training, workshop support, innovative grants, and documentation -BASF <p>These activities will carry over into FY04.</p> <p>Numerous meetings were also held with WHO and UNICEF HQ, regional and country representatives increasing CORE's interaction and collaboration with major institutions at the regional and country levels.</p> <p>A directory of major public and private sector contacts has been provided to CORE members.</p>	CORE continuing to explore mechanisms to make links with these organizations and to encourage collaboration at HQ and country levels through workshops, information dissemination, serving as a focal point, etc.
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	3a.3 Develop 5 year proposal to USAID to support activities that will lead to scale-up of coordinated action in select countries that decrease morbidity and mortality in children causes by malaria.		All					CORE filed and received support for 1 year cost extension with USAID for FY04 as alternative for upcoming year.	MWG and Board discussions regarding the 3-5 strategic vision and proposal options are ongoing.

<p>CORE Strategic Goal 4: Effective Policy (Active, influential role of CORE members representing community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.)</p>	<p>4a. Participation in Forums 4a.1 Represent CORE at national, regional and international RBM meetings as relevant to increase policy/advocacy of c-based solutions to malaria and to enhance inter-agency communication and coordination.</p>		<p>LC, CT, members</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>CORE sponsored and facilitated an NGO RBM Consultation in Geneva (March 2003) to provide a process for NGO input into the RBM Secretariat; and established an RBM NGO listserv. CORE was elected as the RBM NGO Partnership Board Rep for a two-year term.</p> <p>CORE participated in 13 global and regional malaria forums including leading global NGO activities as the NGO Liaison to the RBM Global Secretariat</p> <ul style="list-style-type: none"> ▪ Mombassa Summit (10/23/02) ▪ RBM 2nd Steering Com. Geneva (10/28-31/02) ▪ RBM W.Africa Subregion Meeting Lome (11/11-14/02) ▪ MIM Arusha (11/18-22/02) ▪ Merlin 3rd RBM Forum London (12/16-20/02) ▪ Malaria in Complex Emergencies NYC (1/29/03) ▪ RBM E.Africa Subregion Nairobi (2/19/03)RBM ▪ NGO Consultation and RBM Partnership Board Geneva (3/26-28/03) ▪ RBM E.Africa Subregion Uganda (4/28-29/03) ▪ Long Lasting ITNs technical Meeting Uganda (5/03) ▪ Francophone RBM Regional Workshop Bamako (6/23-27/03) ▪ RBM Partnership Board Harare (9/21-22/03) ▪ Joint RBM/IMCITask Force Meeting Harare (9/23 – 25/03) 	<p>CORE is working with RBM and the alternate (AMREF) to develop a strategic plan for the constituency. CORE is assisting to identify NGO representatives to participate in regional and sub-regional RBM meetings and the RBM Technical Working Groups.</p>
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Monitoring and Evaluation: Working Group Annual Report FY03

Note: M and E Working Group Co-Chairs are Juan Carlos Alegre (Project HOPE. Joe Valadez (PLAN and NGO Networks for Health) was a co-chair until he moved to the FANTA Project in March 2003 and to World Bank in August 2003. Joe remains an active working group member.

Strategic Goal	Activity	Partner Orgs.	Activity Owner	FY03				Annual Status	
				1 st	2 nd	3 rd	4 th	Status	Comments
CORE Strategic Goal 1: Community Health Program Knowledge (Orderly process is in place for converting NGO program experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.)	1a: Workshops 1a.1 Support and conduct at least one training or workshops per quarter on selected M&E tools and methods at HQ, regional or country venues (TBD) such as: KPC/Sampling Methods, EPI Info, LQAs, etc.	CSTS NGO Networks Members	Juan Carlos Alegre, Joe Valadez	X	X	X	X	2 LQAS workshops were held in the DC area: 1 sponsored by ADRA (4/24/03) 1 sponsored by WV (5/8/03) Advanced LQAS Workshop was held at the CORE spring meeting using LQAS examples from Nicaragua	LAC training in EPI Info + scheduled for early October in Nicaragua. Product of training will be an EPI Info curriculum using KPC data.
	1a.2 Conduct training in qualitative methods for HQ staff (TBD – resources permitting)	CSTS SBC Working Group	Melanie Morrow			X		CORE provided input into WR/CSTS / JHU Qualitative Research Training held in Malawi May 5-9/03	
	1a.3 Plan Certification Training in KPC Sampling with CA community	EHP, MEASURE, QAP	Tom Davis, JV, E.Kleinau	X		X	X	Discussion is ongoing with CA community	
	1a.4 -Support Data for Action Workshop (9/02) and provide possible follow-up identified / recommended actions (TBD)	CSTS, EHP	S. Bertoli	X	X	X	X	CORE and its members supported the Data for Action Workshop (9/02) and worked with CSTS to prioritize next steps.	The qualitative research workshop held in Malawi in May resulted from recommendations of this workshop.

	1b. Documents 1b.1 Revise draft M&E guidelines produced by FHI/IMPACT for use as PVO technical reference material; Update M&E section of DIP guideline and TRM as needed	CSTS	JV, JCA	X	X			M&E Guidelines produced by FHI / IMPACT were posted on the CORE website. KPC taskforce formed to update all KPC indicators. Meeting held 7/9/03. Work is ongoing.	
	1b.2 Provide comments to help finalize SOTA paper on C/HIS- with PVO examples being developed by Marc Debay, JHU	CSTS/JHU	SB	X	X	X		Comments provided to CSTS, Paper distributed during CSTS mini-university (6/03).	Paper entitled “On the Design of Community-Based Health Information Systems” by Debay M, Tantri, A. Tulenko, K. Morrow.R. and the CORE ME Working group
	1b.3 Document C/HIS-PVO case studies to illustrate better practices	CSTS Members	SB	X	X	X		CORE members provided case studies to CSTS for inclusion in C/HIS paper.	
	1b.4 Streamline and finalize KPC resource guide / curriculum (based on S.Carolina field test)	CSTS	JV, JCA	X	X	X	X	The working group developed a SOW and detailed TOC for finalization of the curriculum manual. A MOU was developed between FANTA/CORE and FFH to finalize the KPC TOT Curriculum during FY04. .	

	1b.5 Support dissemination of the LQAs manual	NGO Networks for Health	JV	X				CORE purchased 150 sets of the trainer and participant LQAS manual and sent 2 copies to each member agency. Other copies are being distributed on demand.	LQAS manual also listed on CORE Child Survival and Health database on CORE website.
	1c:Tools 1c.1 Review/revise all KPC modules and related indicators	CSTS	JCA, JV, ALL	X	X			M&E working group participated in extensive review of new infant and child feeding indicators.	A KPC taskforce was formed in the 3 rd quarter to relook at all indicators.
	1c.2 Begin development of an equity module that tracks Socio-economic status for inclusion in KPC (resource / time pending)	CSTS JHU	JCA, JV, SB	X	X	X	X	A taskforce has met with FANTA to develop indicators based on tools developed by Title II community.	Work is ongoing.
	1c.3 Revise comprehensive, integrated Health Facility Assessment tool, based on PVO users (resources permitting and source of collaboration identified)	JSI / BASICS?	TD, Anwer Aquil, Bill Weiss,	X	X	X		Activity will not be undertaken due to time and resource constraints	
	1c.4 Develop process type indicators for CIMCI Framework / sustainability (time permitting)	USAID IMCI Working Group, CSTS	JV, JCA	X	X			Activity will not be undertaken due to time constraints	

	1c.5 Develop performance monitoring / program improvement tools with new QAP project (initiate joint workplan and preliminary activities FY03)	QAP	John Barrows, Eric Starbuck, BW, AA, TD, JV, MM, EK	X	X	X	X	Activity not possible at this time with QAP due to project start up.	
	1c.6 Develop indicators or ways to measure progress using the BEHAVE framework (time permitting)	SBC Working Group, CHANGE CSTS						M&E group met twice with the SBC working group to discuss determinant indicators.	Detailed reports on the SBC and ME Meetings on Determinants are available on the CORE website.
	1c.7 Advance LQAS to assess performance quality and facility readiness	NGO Networks, QAP?	JV, BW, TD	X	X			Activity not possible with current resources	
	1d. Website 1d.1 Improve M&E webpage with CORE member publications and improved access to M&E tools	CSTS	TD, JCA	X		X	X	Ongoing	
	1d.2 Post meeting notes on website and update consultant roster as needed	CSTS	David Cantor	X	X	X	X	Completed. Ongoing into FY04.	
	1e. Action Research N/A	CSTS	David Cantor		X	X	X	Project HOPE field tested the use of KPC modules in a PDA format in their Nicaragua project.	Results were presented at the CORE Spring Meeting.

CORE Strategic Goal 2: Organizational Collaboration (Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.)	2a. US Based 2a.1 Coordinate with NGO Networks for Health	NGO Networks	JV	X	X			Alan Hruska from Nicasalud participated in the CORE spring meeting to describe M&E activities undertaken through NGO Networks.	
	2b. Regional / Field Based							Based on discussions, Nicasalud will co-host the LAC regional EPI Info training scheduled for early October in Nicaragua.	
CORE Strategic Goal 3: Resources (Significant, reliable public and private resources are available for CORE members and partners to support community-based child and maternal health programs.)	3. Resources 3a.1 Negotiate with QAP to develop a MOU and workplan with CORE	QAP	JV, JCA	X	X			To be pursued next period.	
	3a.2 Develop joint workplan with CSTS to promote M&E	CSTS	JV, JCA, SB	X	X	X	X	All M&E activities are coordinated with CSTS.	
CORE Strategic Goal 4: Effective Policy (Active, influential role of CORE members representing community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.)	4a. Participation in Forums 4a.1 Represent CORE at international M&E meetings, such as those related to IMCI multi-country evaluation or other gatherings where indicators are being refined		JV, JCA					CORE hired John Murray to review PVO M&E issues and sponsored a discussion with member and colleague agencies in March 2003 to develop a preliminary plan to better articulate and address key issues. Paper highlighting issues and suggested actions developed.	Several activities from discussion of this work at the spring meeting resulted including: KPC taskforce, USAID CSHGP IR indicator development, data for decision paper (to be developed in FY04).

Nutrition Working Group: FY03 Annual Report

Note: Nutrition Working Group Co-Chairs were Judiann McNulty (Mercy Corps) and Luis Benavente (MCDI, through April 2003)

Activity	Outcome/ Product	Partner Orgs.	Activity Owner	FY03				Annual Status	
Nutrition Working Group				1 st	2 nd	3 rd	4 th	Status	Comments
CORE Strategic Goal 1: Community Health Program Knowledge (Orderly process is in place for converting NGO program experience into trustworthy standards, strategies and practices to guide community- based child and maternal health programs.)	1a. Workshops 1a.1 Host PD/Hearth Technical Advisory Group Meeting Focused on Lessons Learned during Expansion of PD/Hearth	CSTS, FANTA BASICS	Judiann McNulty, Karen LeBan, Gwen O'Donell, Zeina Sifri, Caroline Tanner					PD/Hearth TAG Meeting held in DC Area December 5, 2002. Report widely distributed and posted on CORE website	
	1a.2 Host Nutrition Workshop to Test Tools / Understand better ways to promote learning including PD/Hearth, Growth Monitoring, Indicators, Food Security (Guatemala – TBD; depending on additional funding)	URC? HOPE	JM, Stephan Solat	X				2 day Tools workshop was held in D.C. Oct. 2 and 3 with working group members and collaborating partners. Draft guidance on counseling skills for growth promotion was developed with plan for its testing and finalization.	
	1b. Documents 1b.1 Develop paper on roles of PVOs in Food Fortification	MOST	ZF, Fe Garcia	X				Pending.	Cancelled due to lack of leader.

	1b.2 Develop at least 4 brief Technical Update Papers (for web-posting and/or in CSTS Bookmarks) on topics such as Breastfeeding, Emergency Nutrition, Food Fortification, Micronutrients (TBD)	LLLI, FANTA, HKI	Rebecca Malalghaes, JM, CT	X				Two Nutrition Nuggets messages were widely distributed on the CORE CS Community listserv and posted on the CORE website. Topics included: <ul style="list-style-type: none"> ○ Impact of Zinc on prevention and treatment of diarrhea; ○ HIV/AIDS and breastfeeding 	This continues with 4-6 left to publish. A post-test will be done at the spring 2004 meeting.
	1b.3 Create linked Hearth manual on CD Rom and disseminate along with paper version.		JM, KL, LW	X				“PD/Hearth: A Resource Guide for Sustainably Rehabilitating Malnourished Children” finalized and produced. Guide and CD-Rom were widely distributed. CORE sponsored two TOT workshops in the U.S. to introduce the Guide to US-based PVOs and other agencies. A total of 30 have participated in the workshops.	
	1b.4 Translate PD/Hearth manual into Spanish and French for distribution on CD-Rom (resources permitting)		JM, KL, LW IMCI					Translation to French and Spanish now in progress as well as non-CORE sponsored translation into Indonesian.	

	1c. Tools 1c.1 Participate in review of KPC Module for Nutrition and development of indicators for complementary feeding.	M&E Working Group, IFPRI, FANTA CSTS	JM, FG	X				Supported IPFRI and FANTA to work with PVO community to review new complementary indicator guidelines	Done. FANTA is finalizing with CSTS.
	1c.2 Develop tool to measure Health Worker capacity to treat severe malnutrition (dependent on FANTA involvement)	FANTA	CT, Raj Kamal	X				Deferred to FANTA and Interaction members	
	1c.3 Develop tool to improve staff performance in nutritional counseling (dependent on FANTA involvement)	FANTA	Megan, Paige Harrigan, JM, Hannah Gilk, FG, RM, CT, Judi Canahuati	X				Draft tool produced and field tested in L.A. and Philippines.	Awaiting peer review from BASICS and LINKAGES.
	1c.4 Support development of non-invasive assessment of anemia-skin spectroscopy through periodic consultation	U. Mass	JM, LB	X				Information sent to researcher on PVO needs and potential donors.	Contacts are being maintained and MCDI is field testing one method.

	1d. Website - Post technical briefing papers on Nutrition website and minutes of WG meetings		JM, SS	X				Accomplished. Several significant documents have been posted as well as NWG minutes.	
	1e. Action Research N/A								
CORE Strategic Goal 2: Organizational Collaboration (Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.)	2a. US Based - Develop relationship and possible joint activities with FAM Network to address nutrition issues in food security settings	FAM	JM, SS, KL	X	X	X	X	CSGP is now supporting us inside USAID to advance this relationship.	
	2b. Regional / Field Based N/A								
CORE Strategic Goal 3: Resources (Significant, reliable public and private resources are available for CORE members and partners to support community-based child and maternal health programs.)	3a. Resources 3a.1 Develop MOU / workplan with FANTA and MOST to support working group activities	FANTA, MOST	JM, SS, KL	X				FANTA supported PD/Hearth TAG and has been supportive with their time and facilities.	LINKAGES has supplied good material resources.

CORE Strategic Goal 4: Effective Policy (Active, influential role of CORE members representing community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.)	4. Participation in forums 4a.1 Represent CORE at international meetings related to nutritional policy (as needed)	IMCI Working Group	SS, JM	X	X			Judiann McNulty represented CORE at WHO TAG on Infant and Child Feeding Strategy in Geneva February 10-12/2003; also reviewed new WHO guidance on Infant Feeding. Rebecca Magalhaes represented CORE at the recent UNICEF meeting on IYCF strategy.	
	4a.2 Studies Host dissemination event or other activity related to the FY02 AIN Study (TBD based on results of study)		JM, SS	X	X	X	X	This has been finalized and disseminated. NWG has passed suggestions and lessons learned from this to FANTA who is planning a multi-country assessment of AIN implementation.	

Safe Motherhood / Reproductive Health Working Group Annual Report FY03

Note: Chair of SMRH Working Group was Virginia Lamprecht (Project HOPE) through August 03, when she became Technical Advisor for USAID . Debbie Herold (ADRA) became Lead Chair in September 03 with Deputy Co-Chairs Winnie Mwebesa (SC) and Kristin Weinbauer (CRS). Working Group conducted a survey of its members in the first half of the year to solicit opinions on how the WG can best function to encourage greater participation of its members. Members cited the need for additional networking opportunities, and forums to keep abreast technically and to share technical tools and skills of member, which is represented in the FY04 workplans. Many members cite lack of time as a key obstacle given other responsibilities.

Goal	Activity	Partner Orgs.	Activity Owner	FY03				Annual Status	
				1 st	2 nd	3 rd	4 th	Status	Comments
Safe Motherhood/Reproductive Health									
CORE Strategic Goal 1: Community Health Program Knowledge (Orderly process is in place for converting NGO program experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.)	1a Workshops 1a.1 Host at least 2 DC Reproductive Health Technical Update Meetings (topics – TBD) with short briefing document that can be posted on web and in CSTS Bookmarks.	NGO Networks, various CSTS	Theresa Shaver	X	X			Update on HBLSS was held at the CORE spring meeting. Alfonso Rosales presented CRS Honduras work with TBAs and the HBLSS methodology at BASICS.	
	1a.2 Support a Safe Motherhood workshop in Malawi with emphasis on Post-Abortion Care for CORE PVOs and key NGO partners of UMOYO networks. Activity to include PVO assessments and strategic planning post-workshop	Advance Africa, UMOYO Network	Virginia Lamprecht	X				CORE worked with Advance Africa and Umoyo Networks to host this meeting in Malawi, but was not able to secure local USAID Mission and MOH support within the given timeline.	The meeting site changed to Mozambique with a focus on family planning, where AA has an office and has just hired a PVO Liaison. A plan was developed, a questionnaire sent to the PVO community, and a workshop is planned for early FY04.

	1b. Documents 1b.1 Support the development of a set of VCT/MTCT materials for community and district level workers	See HIV/AIDS working Group plan	VL, Donna Espeut Namita Kukreja, Rolando Figueroa TS, Vicki Denman	X	X	X	X	Extensive input was provided on draft FHI/IMPACT manuals that will be published fall 2003.	Dr. Dory Storms was hired to develop a PMTCT guide (through the FHI IMPACT grant to WV/CORE) with focus on community-based workers servicing remote areas and options open to mothers. Dory solicited input from the CORE Community and will have a finalized draft outline mid October 2003.
	1c. Tools 1c.1 Develop Community-based materials for HB Life Saving Skills (based on modules developed for Freedom from Hunger Microcredit model)	HOPE, FFH, ACNM	VL			X	X	CORE, FFH and ACNM held discussions regarding this activity and concluded there was an insufficient fit between the FFH and the HBLSS approach.	

	1c.2 Revise / Update KPC Survey relating to SM/RH (as needed)	M&E WG, Linkages	VL	X	X			M&E working group formed a KPC survey committee and had initial discussions with the HIV/AIDS and SMRH working group on indicator development at the CORE Fall Meeting. (9/03).A family planning module was briefly discussed at the CORE Fall meeting but there was insufficient time to review and comment in a meaningful way.	
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	1c.3 Package and Disseminate crucial CS checklist for SMRH (developed in FY02)	ACNM CSTS	VL	X	X			ACNM, with technical input from CORE and CSTS+, drafted a series of 5 checklists, corresponding to the main temporal phases (pre-conception, antenatal, intrapartum, postpartum, and newborn) of the reproductive cycle. The lists are designed as reminder tools for program planners as they design safe motherhood and newborn programs. The lists are presented in table format and each one presents the state-of-the-art (SOTA) standards of care, along with corresponding process and result indicators.	Plans are to hold TAG in partnership with CATALYST to finalize materials and publish what are now referred to as the Standard and Indicators Lists. The meeting is scheduled for 12/9/03.
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	1c.4 Develop recommendations for incorporating SMRH and peri-neonatal interventions into CIMCI framework: - Assess current models, pilots, etc - Recommendations for protocols	IMCI WG, Saving Newborn Lives, CARE CSTS	All	X	X	X	X	Activity dropped due to lack of time within group and other priorities.	
	1d. Website 1d.1 Link best 15 sites focusing on SM/RH issues (such as Reproline, RH Gateway, WRA, AMDD, etc.)	CSTS	RF	X				Activity postponed to next FY	
	1d.2 Post meeting notes on web		VL	X	X	X	X	Completed	
	1e. Action Research N/A								
CORE Strategic Goal 2: Organizational Collaboration (Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.)	2a. US Based N/A								
	2b. Regional / Field Based 2b.1 Provide possible support / follow-up to safe motherhood workshops on being conducted in Malawi and Bolivia (resources / interest permitting)	Advance Africa / Catalyst, UMOYO, PROCOSI	VL	X	X			Activity was dropped due to lack of critical HR and financial resources for Bolivia; activity in Malawi did not take place, activity in Mozambique is still pending but there are plans with AA to follow-up workshop.	

CORE Strategic Goal 3: Resources (Significant, reliable public and private resources are available for CORE members and partners to support community-based child and maternal health programs.)	3a Resources 3a.1 Write proposals or establish organizational relationships to leverage additional resources critical for completing workplan	TBD	VL/TBD		X	X	X	No activity to date	.
CORE Strategic Goal 4: Effective Policy (Active, influential role of CORE members representing community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.)	4a Participation in Forums 4a.1 Represent CORE in International meetings as needed		VL	X	X	X	X	Peggy McLaughlin (WV) attended Pregnancy in Malaria Inter-Agency meetings	
	4b Studies / Other 4b.1 White Ribbon Alliance: Develop small packet of “how to steps” PVOs/ NGOs can take to implement WRA agenda	WRA	TS, VL	X	X	X	X	Not completed CORE supported WRA to copyedit and disseminate WRA materials from India 2002 conference. Materials were distributed at GHC and CORE fall meeting.	

Social and Behavioral Change Working Group: FY03 Annual Report

Note: SBC Working Group Co-Chairs are Michelle Kouletio (Concern Worldwide USA) and Eric Swedberg (Save the Children).

Strategic Goal	Activity	Partner Orgs.	Activity Owner	FY03				Annual Status	
				1 st	2 nd	3 rd	4 th	Status	Comments
Social and Behavior Change									
CORE Strategic Goal 1: Community Health Program Knowledge (Orderly process is in place for converting NGO program experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.)	1a. Workshops 1a.1 Host regional workshop on BEHAVE framework in S.E. Asia incorporating better practices related to CIMCI Element 3. May also include strategies for training needs assessment and follow-up distance learning) (dependent on additional funding)	HIV/AIDS and IMCI working groups, FAM, SEEP, CHANGE CSTS	Rikki Welsh, Breda Gehan, Claire B., Linda M.	X	X			BEHAVE TOT Workshop held in Cambodia February 3-7, 2003. 61 participants from 18 organizations and 8 countries attended.	Completed
	1a.2 Develop and host HQ TOT Workshop on designing quality SBC interventions (focus on BEHAVE methodology) (dependent on co-funding)	CHANGE IMCI WG A. Red Cross? CSTS?	CB, RW, Ann Jimerson, LM	X				BEHAVE HQ TOT held in D.C. October 15-18, 2002. 30 participants from 17 organizations and 6 consultants attended.	Completed

	1b. Documents 1b.1 Collect at least 5 BEHAVE case studies that illustrate field application of tool and better practices across several CS interventions and countries. These will be distributed via website, workshops and as cases in an expanded TRM.	CHANGE EHP BASICS II	AJ, AS, Stacey Lissit	X	X	X		In collaboration with the Change Project, the WG developed 8 practical examples of child survival behaviors presented in the BEHAVE Framework. These examples will be incorporated in the Chain of Change Facilitator's Manual.	
	1b.2 Initiate SOTA paper on use of monitoring of progress toward behavioral change (paper dependent on additional funding)	HPHC, JHU EHP CSTS	Eric Swedberg AJ			X	X	Representatives of the SBC and M&E WGs who formed a Determinants Task Force held two one-day meetings with other interested partners including the Health Communication Partnership and AED. These meetings resulted in a comprehensive list of behavioral determinants, a review of experience in measuring determinants including integrating questions into the KPC, and a number of other next steps are being planned.	

	1b.3 Initiate development of BEHAVE / Chain of Change Manual highlighting several methodologies that can be used to develop a SBC strategy, and how they might related to each other. (Output this FY might be a TOC and plan)	CHANGE	Eric Swedberg	X	X	X	X	BEHAVE framework needs further adaptation based on comments from Cambodia participants before developing manual. The purpose, objectives and a table of contents and format for the manual have been agreed upon. Negotiating contract with the CHANGE Project.	
	1c. Tools 1c.1 Explore development of a CS Checklist or other guideline that helps PVOs look at SBC better practices. Develop if appropriate.	CSTS CHANGE	Anton Sneider, SL, RW	X	X			A draft checklist was reviewed at the Sept. meeting. This will be updated and shared with the CORE membership.	
	1d. Website 1d.1 Post meeting notes on website		ES	X	X	X	X	Ongoing.	Ongoing.
	1e. Action Research N/A								
CORE Strategic Goal 2:	2a. US Based N/A								

Organizational Collaboration (Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.)	2b. Regional / Field Based 2b.1 Develop an organizational relationship with the International Union for Health Promotion and Education (IUHPE)		ES				X	Not done at this time.	Eric Swedberg will visit IUHPE next time he passes through Paris.
CORE Strategic Goal 3: Resources (Significant, reliable public and private resources are available for CORE members and partners to support community-based child and maternal health programs.)	3a Resources 3a.1 Develop a MOU and workplan with CHANGE (Some activities dependent on CHANGE being able to provide TA and support)		ES, Karen LeBan	X				CHANGE received funding from USAID Global to support the 2 CORE BEHAVE workshops.	A new workplan with CHANGE and CORE is almost finalized.
CORE Strategic Goal 4: Effective Policy (Active, influential role of CORE members)	4a. Participation in Forums 4a.1 Represent CORE as needed in international meetings		ES	X	X	X	X	Abstract submitted for APHA meeting on capacity building of CORE PVOs in BCC.	Abstract was not accepted.

representing community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.)	4b. Studies / Other 4b.1 Write a policy memo of recommended changes to the BEHAVE training design to make it more applicable to PVO community-based settings	CHANGE Save the Children	SL, Lisa Howard-Grabman Gail Snetro	X					While a policy memo was not developed, a small group met in June to review lessons-learned from applying BEHAVE at the South Africa workshop. Working group will repeat this type of review in preparation for the Chain of Change Manual.	BEHAVE has been adapted in several ways. Examples include: <ul style="list-style-type: none"> ○ Referenced in CIMCI facilitators curriculum ○ Concern is translating presentations into French in anticipation of a mini-francophone workshop in Mali in August. ○ CARE will use framework in Nicaragua annual meeting ○ SC built framework into CSHGP proposal.
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